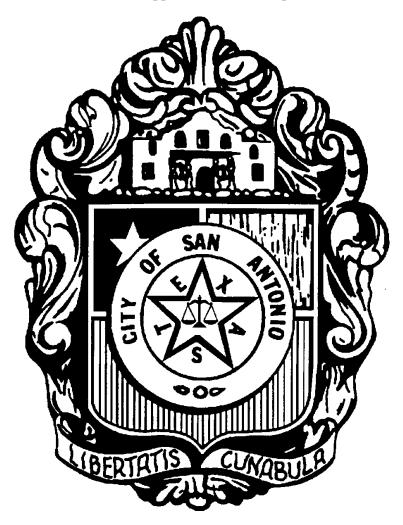
City of San Antonio

POLICE CADET

Application for Employment

Faxed Applications Not Accepted



Mailing Address: Police Applicant Processing Detail P. O. Box 839948 San Antonio, Texas 78283

Office 1-888-750-2672

TTY: (210) 207-4235

Website: http://www.sanantonio.gov/sapd

Equal Opportunity/Affirmative Action Employer

CITY OF SAN ANTONIO APPLICATION FOR POLICE CADET

Please print or type all informati	on.								
Title of Position Applying For:	2. Department Name:			3. Class. No.:					
POLICE CADET	POLICE DEPARTMENT			0602					
4. Name: Last	<u> </u>	First		Middle Initial	5. Soc. Sec. No.				
6. Current Address: Number	Street			Apt. No.	7. Bus. Phone No.				
8. City		State		Zip Code	9. Home Phone No.				
10. Date of Birth	11. Age	12. List an	y names used	in the past.					
13. Are you a high school graduate?									
14 Have you ever served in the m	□ Yes	□ No Type of Discharge:							
15. Driver's License No.		Туре	State	Exp	iration Date				
Endorsements Restrictions 16. List all maying traffic violation against an within the last 12 months. Attach additional name if necessary									
16. List all moving traffic violation convictions within the last 12 months. Attach additional pages if necessary. Type of Offense Date City State Action Taken									
17. Have you been convicted of an offense against the law other than the traffic violations listed above? ☐ Yes ☐ No If yes, list below. Type of Offense Date City State Action Taken									
Type of Offense	Date		City	State	Action Taken				
		0.55							
I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind. I authorize the City of San Antonio to conduct a background check pertaining to my suitability for employment which will include a criminal history check, drug screening test and physical examination. I hereby release said companies, schools or persons from all liability for any damage of issuing this information. I understand and agree that any misleading or incorrect statements or omissions may render this application void, and if employed, would be cause for termination and this employer shall not be liable in any respect for such action or termination. I understand that to comply with the Immigration Reform and Control Act of 1986 I will be required to present identity verification and proof of employment eligibility if I am selected for employment with the City of San Antonio and that failure to do so within the required time period shall result in my disqualification. I further understand that I must pass other requirements for eligibility to be hired.									
*DD214 Included:Yes or No									
Signature:			Date:						
	N: ACCEPTED BY:								
FOR OFFICE USE ONLY:									

CITY OF SAN ANTONIO

Section 1: The information in this section helps establish a listing of all applicants, therefore, please answer each question in this section.

Title of Position A POLICE CAI		Department: POLICE DEPARTMENT			3. Class No.: 0602				
4. Name: Last		First	Middle Initial		5. Soc. Sec. No.				
6. Current Address:	Number Street		Apt. No.		7. Bus. Phone No).			
8. City		State	Zip Code		9. Home Phone (No.			
10. Date of Birth:									
Section 2: Equal Opportunity/Affirmative Action Survey. Completion of this section is voluntary.									
FEDERAL AND STATE LAWS PROHIBIT DISCRIMINATION BECAUSE OF RACE, RELIGION, COLOR, AGE, SEX, NATIONAL ORIGIN, POLITICAL BELIEF OR AFFILIATION, OR DISABILITY.									
The City of San Antonio requests the following voluntary information to help comply with government record keeping and reporting in connection with our affirmative action activities. This confidential form will be detached from your application before being forwarded to hiring officials. This information will have no bearing on the process of considering you for employment.									
11. Gender	M=Male F=F	emale				MF			
12. Ethnicity	S=Hispanic W=Non-Minority I=American Indian/Ala								
13. Military Status	00=None 01=Ac								
14. Veteran	0=Not a Veteran 4=Vietnam								
15. Source	How did you learn about 1=City Employee 02=Career/Job Fair 03=Newspaper 04=Television 05= Internet 06=Radio								
06=Radio 12=Other:									
☐ Disabled ☐ Not Disabled									
If you have a disability and need reasonable accommodation in order to perform the essential functions of the position for which you are applying, please make your request known to the Placement Officer in the Human Resources Dept. Phone# (210) 207-7294									
Signature:	Date:								
DATE OF APPLICATION: TIME OF APPLICATION: FOR OFFICE USE ONLY:									